

Care Quality Commission

Inspection Evidence Table

Melbourne House Surgery (1-559266889)

Inspection date: 10th December 2018

Date of data download: 07 December 2018

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Requires Improvement

At the last inspection in December 2017 we rated the practice as requires improvement for providing safe and well led services because:

- The practice did not carry out regular infection control audits to test the effectiveness of the infection prevention and control systems within the practice.
- Staff training updates were not completed.
- Staff did not have annual appraisals
- The practice did not have an effective business continuity plan to deal with any untoward incidents which may impact on the day to day running of the practice.
- Policies and procedures were not reviewed and amended so that they reflected current practices and guidance.

At this inspection we found that some areas had been satisfactorily addressed however there were still some areas that remain unresolved. In addition, we found other areas where improvements were required and therefore the requires improvement rating remains.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse however some systems required strengthening.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes

Safeguarding	Y/N/Partial
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Locum GPs were used by the practice; however, the practice had not sought reassurance that the locum GPs had received training and were up to date on safeguarding adults and children. Evidence showed that permanent clinical staff were up to date with their training appropriate for their level.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Locum GPs were used by the practice; however, the practice had not sought reassurance that the locum GPs were up to date with their vaccinations. Evidence showed that permanent clinical staff were up to date.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: November 2018	Yes
There was a record of equipment calibration. Date of last calibration: November 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	No
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: September 2018	Yes
There was a log of fire drills. Date of last drill: August 2018	Yes
There was a record of fire alarm checks. Date of last check: December 2018	Yes
There was a record of fire training for staff. Date of last training: All staff completed fire training at some point between May and September 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: December 2016	Partial
Actions from fire risk assessment were identified and completed.	No
<p>Explanation of any answers and additional evidence:</p> <p>There was no risk assessment in place for the storage of hazardous substances. Since the inspection the practice has informed us that they have made arrangements for this to be carried out as soon as possible however no date has been provided at present.</p> <p>Fire risk assessments were carried out by an external company for this practice and the last one was dated in 2016 and required a review. After the inspection we were informed by the practice that they had undertaken a new fire risk assessment by an external company.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: None	No
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2017	Yes
<p>Explanation of any answers and additional evidence:</p>	

The practice had no premises/security risk assessment in place however since the inspection the practice has implemented an appropriate risk assessment.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met however there were gaps in the process.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 8/11/2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	No
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Although an infection control audit had been carried out as identified at our last inspection, we found that where this revealed a need to take remedial action, there was no evidence of any actions relating to these areas. This issue was also originally raised at our first inspection in 2015.	

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes

There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff were aware of the actions to take if they were to encounter a deteriorating or acutely unwell patient however they were not aware of the signs and symptoms relating to Sepsis. Since the inspection we have been provided with evidence that signs and symptoms of Sepsis are now displayed in the reception area to guide the reception staff.</p> <p>The practice assessed the impact on safety and are currently using long term locums to ensure the smooth running of the practice due to one partner going on long term sick leave which caused changes to the service.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	1.22	1.04	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	11.8%	10.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	No
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	Yes

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	No
<p>Explanation of any answers and additional evidence:</p> <p>On the day of the inspection we found that prescription pad security was ineffective. They were kept in a box which was signed out by the GPs and the room it was being taken to was noted, however, there was no track number of the prescriptions that go and in and out of the printer. Blank prescriptions were also left in the printer of an unlocked room that was accessible to patients. The issue of blank prescription pad security was first raised at the last inspection in 2017 and therefore remains unresolved.</p> <p>The practice had an effective system for their uncollected prescriptions. These were checked every Monday, anything older than 2 weeks were followed up. Prescriptions for patients that relate to children and the issuing of controlled drugs are contacted and this is documented on the patients record.</p> <p>The GP Partner at the practice supervised and offered support to the community matron for three months through their training to become a prescriber.</p> <p>On the day of the inspection we found that three out of five patients required a review for a high-risk medicine. The practice was made aware and acted on this information. Some high-risk medications had a process to monitor patients but not all of them.</p> <p>Controlled drugs were securely stored in line with guidance and only authorised staff members had access to them.</p> <p>On the day of the inspection the practice had no Cold Chain Policy in place. Staff were responsible for checking the temperatures daily, however, the temperature logs did not reflect this. They had three fridges for the storage of medications and vaccines and we found that two of these fridges had gone above the maximum temperatures on multiple occasions and this had not been addressed. The third fridge was unable to reset properly which had also not been addressed. Since the inspection the practice had provided evidence of a Cold Chain Policy they have put in place and they have also ordered three dataloggers for all the fridges, so they can analyse the temperatures daily.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Partial
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	13
Number of events that required action:	6
Explanation of any answers and additional evidence: Some staff we spoke to on the day were not aware of how to raise a significant event. On the day of the inspection we found evidence from meeting minutes that significant events were discussed however the recording of these incidents was not always clear and lessons learnt do not always drive improvements. This issue was raised at previous inspections and therefore remains unresolved.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Medication/Administrative event	Significant diagnosis highlighted and recoded on records.
Medication Error	Double checking information on the notes and clarify patient understanding.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Safety alerts were distributed by a nominated person at the practice.	

Effective

Rating: Requires Improvement

Effective needs assessment, care and treatment

Patients' needs were addressed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: On the day of the inspection we found that 16 patients were on a combination of spironolactone and Ace Inhibitors. 10 of these patients had not had a review in the last 3 months and 1 of these had not had a blood test since September 2014 although the practice had requested it.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.77	0.96	0.81	No statistical variation

Older people

Population group rating: Good

Findings
Add findings here: <ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. Monthly frailty meetings are held with members of community services, social care and the mental health team and the minutes of these meetings were looked at on the day of the inspection. The practice had a flexible and responsive home visiting policy. Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.

- Health checks were offered to patients over 75 years of age.
- Frail patients were offered a care plan using a locally agreed template, a copy of this template is stored in their record and at their home.

People with long-term conditions Population group rating: Requires Improvement

Findings

Add finding here:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Longer appointment slots were offered to those with long term conditions
- The practice had dedicated diabetes management appointments with the nursing staff and clinical lead with a CCG back plan for diabetic care starting in 2019.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	63.3%	74.4%	78.8%	Variation (negative)
Exception rate (number of exceptions).	7.1% (31)	12.1%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	65.7%	69.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (26)	9.0%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	62.1%	73.3%	80.1%	Significant Variation (negative)
Exception rate (number of exceptions).	8.8% (38)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	79.6%	73.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (7)	8.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	88.9%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	8.3% (13)	14.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	77.0%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.4% (28)	3.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	95.5%	90.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	30.5% (29)	5.0%	6.7%	N/A

Any additional evidence or comments

- Unverified QOF data from April 2018 showed an increase from 63.3% to 65.1% for the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months.
- Unverified QOF data from April 2018 showed an increase from 62.1% to 66.7% for the percentage of patients with diabetes on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less.
- We found no evidence of an improvement plan for patients with diabetes, although data had improved since April 2018.

Families, children and young people

Population group rating: **Good**

Findings

Add findings here:

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	102	106	96.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	105	114	92.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	105	114	92.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	107	114	93.9%	Met 90% minimum (no variation)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

Add findings here:

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had a flexible approach to students being temporary residents when home from university.
- Patients have access to early morning appointments starting at 7am three mornings per week.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	69.8%	74.2%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.7%	68.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.2%	60.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	92.6%	65.2%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	62.2%	55.7%	51.6%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

Add findings here:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Regular slots available for reviews of those with a learning disability with both a doctor and a nurse.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**People experiencing poor mental health
(including people with dementia)
Improvement**

Population group rating: Requires

Findings

Add findings here:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with a long term mental health condition had a care plan which was discussed at their reviews and kept in their record.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	44.3%	84.9%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	4.1% (3)	17.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	50.7%	79.1%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.7% (2)	16.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.0%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (8)	9.3%	6.6%	N/A

Any additional evidence or comments

- Unverified QOF data from April 2018 showed an increase from 44.3% to 63.9% for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- Unverified QOF data from April 2018 showed an increase from 50.7% to 60.2% for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months.
- We found no evidence of an improvement plan although there had been some improvement since April 2018.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	496.71	-	537.5
Overall QOF exception reporting (all domains)	5.7%	5.2%	5.8%

Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice has a pharmacist who is commissioned by the Local CCG and carries out clinical audits on behalf of the practice with a view to drive improvements. One of these audits was relating to the use of Dosulepin (a tricyclic antidepressant) with a view to switching to an alternative safer antidepressant or other suitable treatment or considering the need for ongoing therapy. 11 patients were identified during this audit and 8 of which were reviewed and had changes implemented to their medication. There was no other evidence of any clinical audits or improvement activity except for medication and infection control.

Any additional evidence or comments

--

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice ran a smoking cessation clinic every Tuesday afternoon by the practices health care assistant had had received training and support relating to this role.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.8%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (8)	0.8%	0.8%	N/A

Any additional evidence or comments

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: Clinical staff had an understanding of Gillick competence and Fraser guidelines.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patient Feedback	Positive feedback from all patients we spoke with on the day with one stating they had complete trust in all the clinicians and felt listened to and involved with their care and treatment. 2 of these Patients reported difficulties with getting through on the phone first thing in the morning but were otherwise happy with the service.
Comment Cards	Positive feedback on the comment cards included reports of friendly and caring staff and how patients do not feel rushed during their appointments.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7663	283	87	30.7%	1.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	86.5%	86.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.9%	85.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	89.9%	94.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.4%	78.9%	83.8%	No statistical variation

Any additional evidence or comments

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
The practice had responded positively to patient feedback and one change they made was adding nurse appointments as well as GP appointments to the early morning sessions they have three times per week.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	Positive feedback from all patients we spoke with on the day with one stating they had complete trust in all the clinicians and felt listened to and involved with their care and treatment. Two of these Patients reported difficulties with getting through on the phone first thing in the morning but were otherwise happy with the service.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	91.6%	93.1%	93.5%	No statistical variation

Any additional evidence or comments

--

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	89 Carers identified which equates to 1.2% of the practice List size of 7699. This is an improvement from the last inspection in 2017 where only 30 carers had been identified at that time. Carers are now identified during registration and at consultation. The practice had made arrangements for someone from 'friends of carers' to come into the practice to offer help and advice.
How the practice supported carers.	The practice offers carers advice on supported services, flu vaccinations and health checks.
How the practice supported recently bereaved patients.	The practice offers the family of a bereaved patient longer appointments, so they don't feel rushed and will also refer to local bereavement services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	
The reception area had a polite sign asking people to stand back and wait while the receptionist was talking to other patients.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am – 18:30pm
Tuesday	7:00am – 18:30pm
Wednesday	8:00am – 18:30pm
Thursday	7:00am – 18:30pm
Friday	8:00am – 18:30pm
Appointments available:	
Monday	8:00am – 18:20pm
Tuesday	7:00am – 18:20pm
Wednesday	8:00am – 18:20pm
Thursday	7:00am – 18:20pm
Friday	7:00am – 18:20pm
Additional Information	<p>The Surgery Offers additional appointment times between 7am-7.50am on a Tuesday and Thursday. Out-of-hours (Evenings & Weekends) is commissioned by the Mid Essex CCG for evenings and weekends and can be accessed by calling 111.</p> <p>On the day of the inspection the next available appointment for a GP was 19th December and the next available appointment to see the nurse was 11th December.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7663	283	87	30.7%	1.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.8%	94.0%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

Add findings here:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

Add findings here:

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

Add findings here:

- Additional nurse appointments were available from 7am on a Tuesday, Thursday & Friday for working individuals so that they did not need to miss work.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

Add findings here:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 18:30pm on weekdays. Appointments were available between 8am and 18:30pm and from 7am three days per week.

People whose circumstances make them vulnerable
group rating: Good

Population

Findings

Add findings here:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)
Population group rating: Good

Findings

Add findings here:

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	54.7%	52.8%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	61.3%	60.3%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	72.5%	58.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	71.8%	71.2%	74.4%	No statistical variation

Any additional evidence or comments

Source	Feedback
For example, NHS Choices	2.5-star reviews on NHS choices – Seven reviews in total. Two reviews gave it five stars and the remaining five were all one star reviews with complaints about appointment waiting times, unsatisfactory treatment from the GP, reception staff and prescription problems.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	20
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
The practice had posters up in the waiting room advising patients how to make a complaint. They also had a complaints policy in place and according to this an acknowledgment is to be sent within three working days of the complaint arriving and the complaint should be resolved in six months. The complaints we looked at on the day of the inspection were dealt with within these time frames.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Difficulty getting through on the phone due to technical difficulties.	Patient spoken to and explained the situation and the reason for the difficulty with getting in touch with the practice.

Well-led

Rating: Requires Improvement

We rated the practice as requires improvement for providing well led services because:

- There was a lack of governance.
- The practice lacked a system for quality assurance including clinical audit.
- Performance was not being effectively monitored.
- We found repeat issues from previous inspections.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all Levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice is currently involved in a merging with two neighbouring practices. The sites of all three practices will remain as they currently are however there will be a combined patient list size of approximately 30,000 patients across all three sites.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence:	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff we spoke with on the day told us they felt happy in their roles and that they felt part of a good team. They felt that all senior staff were approachable and that their views were valued.

Governance arrangements

There were clear responsibilities and roles and systems of accountability however the reviewing of governance structures needed strengthening.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
On the day of the inspection we found issues that had been raised at previous inspections in 2015 and 2017 and therefore remains unresolved. We also found new issues at this inspection which demonstrated that governance required strengthening.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, however we found some issues on the day of our inspection.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Partial
There were processes in place to manage performance.	Partial
There was a systematic programme of clinical and internal audit	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Due to the issues found on this and previous inspections that had not been completely resolved we found that the monitoring of performance could be strengthened.</p> <p>We found no clear system of quality assurance. Clinical audits were limited to those in relation to medicines and infection control. We found limited evidence of non-clinical audits and no two cycle audits had been carried out.</p> <p>Some risks were not being identified or acted on.</p> <p>The practice had an active PPG and a meeting with the two other PPG'S that this practice is merging with is due to take place in January 2019 to discuss the service developments and changes.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

--

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Any additional evidence

--

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation however shared learning to make improvements was ineffective.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	No
Explanation of any answers and additional evidence:	
On the day of the inspection we found that lessons learnt from significant events did not always drive improvements.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.